

7152 417-44-4959
LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID PROGRAM

WHEREAS, Etta Bunkley, ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("the Agency") to the extent that the Agency has paid medical benefits for Medicaid Claimant under the Alabama Medicaid Program ("the Program"); and

WHEREAS, Medicaid Claimant may hereafter become indebted to the Agency to the extent that the Agency pays future benefits for Medicaid Claimant,

NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Claimant to obtain medical benefits under the Program, the Medicaid Claimant, joined by (his)(her) spouse, does hereby GRANT, BARGAIN, SELL, ASSIGN and CONVEY unto the Agency, its successors and assigns, a lien for the full dollar value of said medical benefits paid and to be paid, on the following described real estate situated in Shelby County, Alabama to-wit:

One Lot beginning at Northwest corner of Dock Kirkland Lot running South 70 yds. along Kirkland line thence West 35 yds. thence North 70 yds. thence East 35 yds. to point of beginning, containing 1 acre more or less and lies in SW $\frac{1}{4}$ of SW $\frac{1}{4}$ of Sec. 1 Township 21, Range 3 West.

Inst # 1997-13960

Subject, however, to all existing liens now on said property.

Notice of this lien will be recorded in said County. The dollar value of this lien as it may exist from time to time, may be obtained by writing to: Lien Office, Alabama Medicaid Agency, Post Office Box 5624, Montgomery, Alabama 36103-5624. This lien shall be due and payable upon the sale, transfer or lease of said property, or upon the death of Medicaid Claimant, and shall otherwise be enforceable in accordance with the limitations of 42 U.S.C. §1396a(18) as the same may be amended.

IN WITNESS WHEREOF, the undersigned has duly executed this instrument to voluntarily grant the aforesaid lien on this the 15 day of March, 1997.

Etta Bunkley
MEDICAID CLAIMANT

SPOUSE

Inst # 1997-13960

WITNESS: _____

WITNESS: 05/05/1997-13960

ADDRESS: _____

01:42 PM CERTIFIED

TELEPHONE: _____

ADDRESS: SHELBY COUNTY JUDGE OF PROBATE

TELEPHONE: 001 NCS 8.50

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said State and County, hereby certify that ETTA Bunkley whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and _____ (his) (her) spouse, whose name is also signed to said instrument, acknowledged before me on this day that being informed of the contents of said instrument (they)(he)(she) executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 8 day of March, 1997.

Allyce J. Seibert

NOTARY PUBLIC

Alachua, AL 35007

ADDRESS

Commission Expires JAN. 6, 2001

PREPARED BY: ALABAMA MEDICAID AGENCY
85 BAGBY DRIVE ROOM 302
BIRMINGHAM AL 35209